

¹ Fitness tracking reveals task-specific associations
² between memory, mental health, and exercise

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⁸ **Abstract**

⁹ Physical exercise can benefit both physical and mental well-being. Different forms of exercise
¹⁰ (i.e., aerobic versus anaerobic; running versus walking versus swimming versus yoga; high-
¹¹ intensity interval training versus endurance workouts; etc.) impact physical fitness in different
¹² ways. For example, running may substantially impact leg and heart strength but only moderately
¹³ impact arm strength. We hypothesized that the mental benefits of exercise might be similarly
¹⁴ differentiated. We focused specifically on how different forms of exercise might relate to different
¹⁵ aspects of memory and mental health. To test our hypothesis, we collected nearly a century's
¹⁶ worth of fitness data (in aggregate). We then asked participants to fill out surveys asking them
¹⁷ to self-report on different aspects of their mental health. We also asked participants to engage in
¹⁸ a battery of memory tasks that tested their short and long term episodic, semantic, and spatial
¹⁹ memory. We found that participants with similar exercise habits and fitness profiles tended to
²⁰ also exhibit similar mental health and task performance profiles.

²¹ **Introduction**

²² Engaging in physical activity (exercise) can improve our physical fitness by increasing muscle
²³ strength (Crane et al., 2013; Knuttgen, 2007; Lindh, 1979; Rogers and Evans, 1993), increasing bone
²⁴ density (Bassey and Ramsdale, 1994; Chilibeck et al., 2012; Layne and Nelson, 1999), increasing
²⁵ cardiovascular performance (Maiorana et al., 2000; Pollock et al., 2000), increasing lung capac-
²⁶ ity (Lazovic-Popovic et al., 2016) (although see Roman et al., 2016), increasing endurance (Wilmore
²⁷ and Knuttgen, 2003), and more. Exercise can also improve mental health (Basso and Suzuki, 2017;
²⁸ Callaghan, 2004; Deslandes et al., 2009; Mikkelsen et al., 2017; Paluska and Schwenk, 2000; Raglin,
²⁹ 1990; Taylor et al., 1985) and cognitive performance (Basso and Suzuki, 2017; Brisswalter et al.,
³⁰ 2002; Chang et al., 2012; Ettnier et al., 2006).

³¹ The physical benefits of exercise can be explained by stress-responses of the affected body tis-
³² sues. For example, skeletal muscles that are taxed during exercise exhibit stress responses (Morton
³³ et al., 2009) that can in turn affect their growth or atrophy (Schiaffino et al., 2013). By comparison,
³⁴ the benefits of exercise on mental health are less direct. For example, one hypothesis is that ex-
³⁵ ercise leads to specific physiological changes, such as increased aminergic synaptic transmission
³⁶ and endorphin release, which in turn act on neurotransmitters in the brain (Paluska and Schwenk,
³⁷ 2000).

³⁸ Speculatively, if different exercise regimens lead to different neurophysiological responses, one
³⁹ might be able to map out a spectrum of signalling and transduction pathways that are impacted
⁴⁰ by a given type, duration, and intensity of exercise in each brain region. For example, prior work
⁴¹ has shown that exercise increases acetylcholine levels, starting in the vicinity of the exercised
⁴² muscles (Shoemaker et al., 1997). Acetylcholine is thought to play an important role in memory
⁴³ formation (Palacios-Filardo et al., 2021, e.g., by modulating specific synaptic inputs from entorhinal
⁴⁴ cortex to the hippocampus, albeit in rodents). Given the central role of these medial temporal
⁴⁵ lobe structures play in memory, changes in acetylcholine might lead to specific changes in memory
⁴⁶ formation and retrieval.

⁴⁷ In the present study, we hypothesize that (a) different exercise regimens will have different,

48 quantifiable impacts on cognitive performance and mental health, and that (b) these impacts will
49 be consistant across individuals. To this end, we collected a year of fitness tracking data from
50 each of 113 participants. We then asked each participant to fill out a brief survey in which they
51 self-evaluated several aspects of their mental health. Finally, we ran each participant through a
52 battery of memory tasks, which we used to evaluate their memory performance along several
53 dimensions. We examined the data for potential associations between memory, mental health, and
54 exercise.

55 Results

- 56 ● characterizing behaviors (potentially broken down by 3–4 fitness-defined categories, like ac-
57 tivity level quartile; may also want to have separate figures: one for characterizing behaviors
58 on average, and a second breaking down by fitness variable, e.g. after the correlation analyses
59 are presented)
 - 60 – Free recall: pfr, lag-CRP, spc
 - 61 – Naturalistic recall: reproduce a version of the sherlock movie/recall trajectories
 - 62 – Foreign language flashcards: p(correct) by activity level
 - 63 – Spatial learning: mean error by number of shapes
- 64 ● Fitness info (break down by task performance, potentiall separately for each task); also
65 separate out recent (raw) and recent versus baseline
 - 66 – activity (steps, zone minutes, floors/elevation)
 - 67 – resting heart rate
 - 68 – sleep
- 69 ● exploratory analysis (correlations)
 - 70 – Memory-memory

- 71 – fitness-fitness
- 72 – survey-survey
- 73 – (fitness + survey)-memory
- 74 • predictive analysis (regressions)
- 75 – Predict memory performance on held-out task from other tasks
- 76 – Predict memory performance on each task using fitness data
- 77 – Predict memory performance on each task using survey data
- 78 • Reverse correlations: look at recent changes versus baseline trends
- 79 – Fitness profile that predicts performance on each task (barplots + timelines)
- 80 – Fitness profile for each survey demographic (barplots + timelines)
- 81 * Select out mental health demographics (based on meds, stress levels)

82 Discussion

- 83 • summarize key findings
- 84 • correlation versus causation
- 85 • what can vs. can't we know? we can identify correlations, but not causal direction- e.g. we
- 86 cannot know whether exercise *causes* mental changes versus whether people with particular
- 87 neural profiles might tend to engage in particular exercise behaviors. that being said, we *can*
- 88 separate out baseline tendencies (e.g., how people tend to exercise in general) versus recent
- 89 changes (e.g., how they happened to have exercised prior to the experiment).
- 90 • related work (exercise/memory, exercise/mental health), what this study adds
- 91 • future direction: towards customized physical exercise recommendation engine for optimiz-
- 92 ing mental health and mental fitness

⁹³ **Methods**

⁹⁴ We ran an online experiment using the Amazon Mechanical Turk platform. We collected data
⁹⁵ about each participant's fitness and exercise habits, a variety of self-reported measures concerning
⁹⁶ their mental health, and about their performance on a battery of memory tasks. We mined the
⁹⁷ dataset for potential associations between memory, mental health, and exercise.

⁹⁸ **Experiment**

⁹⁹ **Participants**

¹⁰⁰ We recruited experimental participants by posting our experiment as a Human Intelligence Task
¹⁰¹ (HIT) on the Amazon Mechanical Turk platform. We limited participation to Mechanical Turk
¹⁰² Workers who had been assigned a "Masters" designation on the platform, given to workers who
¹⁰³ score highly across several metrics on a large number of HITs, according to a proprietary algorithm
¹⁰⁴ managed by Amazon. We further limited our participant pool to participants who self-reported that
¹⁰⁵ they were fluent in English and regularly used a Fitbit fitness tracker device. A total of 160 workers
¹⁰⁶ accepted our HIT in order to participate in our experiment. Of these, we excluded all participants
¹⁰⁷ who failed to log into their Fitbit account (giving us access to their anonymized fitness tracking
¹⁰⁸ data), encountered technical issues (e.g., by accessing the HIT using an incompatible browser,
¹⁰⁹ device, or operating system), or who ended their participation prematurely, before completing the
¹¹⁰ full study. In all, 113 participants remained that contributed usable data to the study.

¹¹¹ For their participation, workers received a base payment of \$5 per hour (computed in 15
¹¹² minute increments, rounded up to the nearest 15 minutes), plus an additional performance-based
¹¹³ bonus of up to \$5. Our recruitment procedure and study protocol were approved by Dartmouth's
¹¹⁴ Committee for the Protection of Human Subjects.

¹¹⁵ **Gender, age, and race.** Of the 113 participants who contributed usable data, 77 reported their
¹¹⁶ gender as female, 35 as male, and 1 chose not to report their gender. Participants ranged in age
¹¹⁷ from 19–68 years old (25th percentile: 28.25 years; 50th percentile: 32 years; 75th percentile: 38

118 years). Participants reported their race as White (90 participants), Black or African American (11
119 participants), Asian (7 participants), Other (4 participants), and American Indian or Alaska Native
120 (3 participants). One participant opted not to report their race.

121 **Languages.** All participants reported that they were fluent in either 1 and 2 languages (25th
122 percentile: 1; 50th percentile: 1; 75th percentile: 1), and that they were “familiar” with between 1
123 and 11 languages (25th percentile: 1; 50th percentile: 2; 75th percentile: 3).

124 **Reported medical conditions and medications.** Participants reported having and/or taking med-
125 ications pertaining to the following medical conditions: anxiety or depression (4 participants),
126 recent head injury (2 participants), high blood pressure (1 participant), bipolar (1 participant),
127 hypothyroidism (1 participant), and other unspecified medications (1 participant). Participants
128 reported their current and typical stress levels on a Likert scale as very relaxed (-2), a little relaxed
129 (-1), neutral (0), a little stressed (1), or very stressed (2). The “current” stress level reflected par-
130 ticipants’ stress at the time they participated in the experiment. Their responses ranged from -2
131 to 2 (current stress: 25th percentile: -2; 50th percentile: -1; 75th percentile: 1; typical stress: 25th
132 percentile: 0; 50th percentile: 1; 75th percentile: 1). Participants also reported their current level of
133 alertness on a Likert scale as very sluggish (-2), a little sluggish (-1), neutral (0), a little alert (1),
134 or very alert (2). Their responses ranged from -2 to 2 (25th percentile: 0; 50th percentile: 1; 75th
135 percentile: 2). Nearly all (111 out of 113) participants reported that they had normal color vision,
136 and 15 participants reported uncorrected visual impairments (including dyslexia and uncorrected
137 near- or far-sightedness).

138 **Residence and level of education.** Participants reported their residence as being located in the
139 suburbs (36 participants), a large city (30 participants), a small city (23 participants), rural (14 partic-
140 ipants), or a small town (10 participants). Participants reported their level of education as follows:
141 College graduate (42 participants), Master’s degree (23 participants), Some college (21 partici-
142 pants), High school graduate (9 participants), Associate’s degree (8 participants), Other graduate
143 or professional school (5 participants), Some graduate training (3 participants), or Doctorate (2

¹⁴⁴ participants).

¹⁴⁵ **Reported water and coffee intake.** Participants reported the number of cups of water and coffee
¹⁴⁶ they had consumed prior to accepting the HIT. Water consumption ranged from 0–6 cups (25th
¹⁴⁷ percentile: 1; 50th percentile: 3; 75th percentile: 4). Coffee consumption ranged from 0–4 cups (25th
¹⁴⁸ percentile: 0; 50th percentile: 1; 75th percentile: 2).

¹⁴⁹ **Tasks**

¹⁵⁰ Upon accepting the HIT posted on Mechanical Turk, the worker was directed to read and fill out
¹⁵¹ a screening and consent form, and to share access to their anonymized Fitbit data via their Fitbit
¹⁵² account. After consenting to participate and successfully sharing their Fitbit data, participants
¹⁵³ filled out a survey and then engaged in a series of memory tasks (Fig. 1). All stimuli and code for
¹⁵⁴ running the full Mechanical Turk experiment may be found [here](#).

¹⁵⁵ **Survey questions.** We collected the following demographic information from each participant:
¹⁵⁶ their birth year, gender, highest (academic) degree achieved, race, language fluency, and language
¹⁵⁷ familiarity. We also collected information about participants' health and wellness, including about
¹⁵⁸ their vision, alertness, stress, sleep, coffee and water consumption, location of their residence,
¹⁵⁹ activity typically required for their job, and exercise habits.

¹⁶⁰ **Free recall (Fig. 1a).** Participants studied a sequence of four word lists, each comprising 16 words.
¹⁶¹ After studying each list, participants received an immediate memory test, whereby they were asked
¹⁶² to type (one word at a time) any words they remembered from the just-studied list, in any order.

¹⁶³ Words were presented for 2 s each, in black text on a white background, followed by a 2 s blank
¹⁶⁴ (white) screen. After the final 2 s pause, participants were given 90 s to type in as many words
¹⁶⁵ as they could remember, in any order. The memory test was constructed such that the participant
¹⁶⁶ could only see the text of the current word they were typing; when they pressed any non-letter
¹⁶⁷ key, the current word was submitted and the text box they were typing in was cleared. This was
¹⁶⁸ intended to prevent participants from retroactively editing their previous responses.

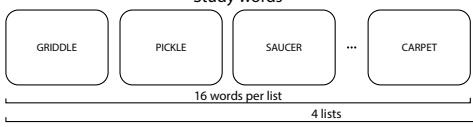
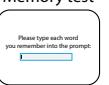
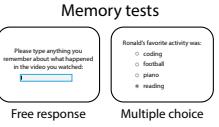
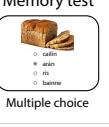
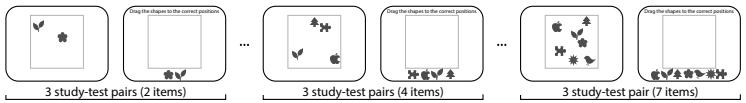
	Main task and immediate memory test				Delayed memory test
a.	1 Free recall	Study words 	Memory test 		5 
b.	2 Naturalistic recall	Watch a short video (The Temple of Knowledge) 	Memory tests 		6 
c.	3 Foreign language flashcards	Study flashcards 	Memory test 		7 
d.	4 Spatial learning	Memorize the positions of increasing numbers of shapes 			N/A

Figure 1: Battery of memory tasks. **a. Free recall.** Participants study 16 words (presented one at a time), followed by an immediate memory test where they type each word they remember from the just-studied list. In the delayed memory test, participants type any words they remember studying, from any list. **b. Naturalistic recall.** Participants watch a brief video, followed by two immediate memory tests. The first test asks participants to write out what happened in the video. The second test has participants answer a series of multiple choice questions about the conceptual content of the video. In the delayed memory test, participants (again) write out what happened in the video. **c. Foreign language flashcards.** Participants study a sequence of 10 English-Gaelic word pairs, each presented with an illustration of the given word. During an immediate memory test, participants perform a multiple choice test where they select the Gaelic word that corresponds to the given photograph. During the delayed memory test, participants perform a second multiple choice test, where they select the Gaelic word that corresponds to each of a new set of photographs. **d. Spatial learning.** In each trial, participants study a set of randomly positioned shapes. Next, the shapes' positions are altered, and participants are asked to drag the shapes back to their previous positions. **All panels.** The gray numbers denote the order in which participants experienced each task or test.

169 The word lists participants studied were drawn from the categorized lists reported in Ziman
170 et al. (2018). Each participant was assigned four unique randomly chosen lists (in a randomized
171 order), selected from a full set of 16 lists. Each chosen list was then randomly shuffled before
172 presenting the words to the participants.

173 Participants also performed a final delayed memory test where they were given 180 s to type
174 out any words they remembered from *any* of the 4 lists they had studied.

175 Recalled words within an edit distance of 2 (i.e., a Levenshtein Distance less than or equal to
176 2) of any word in the wordpool were “autocorrected” to their nearest match. We also manually
177 corrected clear typos or misspellings by hand (e.g., we corrected “hippopumas” to “hippopota-
178 mus”, “zucinni” to “zucchini”, and so on). Finally, we lemmatized each submitted word to match
179 the plurality of the matching wordpool word (e.g., “bongo” was corrected to “bongos”, and so
180 on). After applying these corrections, any submitted words that matched words presented on the
181 just-studied list were tagged as “correct” recalls, and any non-matching words were discarded
182 as “errors.” Because participants were not allowed to edit the text they entered, we chose not to
183 analyze these putative “errors,” since we could not distinguish typos from true misrememberings.

184 **Naturalistic recall (Fig. 1b).** Participants watched a 2.5 minute video clip entitled “The Temple
185 of Knowledge.” The video comprises an animated story told to StoryCorps by Ronald Clark, who
186 was interviewed by his daughter, Jamilah Clark. The narrator (Ronald) discusses growing up
187 living in an apartment over Washington Heights branch of the New York Public Library, where his
188 father worked as a custodian during the 1940s.

189 After watching the video clip, participants were asked to type out anything they remembered
190 about what happened in the video. They typed their responses into a text box, one sentence at a
191 time. When the participant pressed the return key or typed any final punctuation mark (“.”, “!”, or
192 “?”) the text currently entered into the box was “submitted” and added to their transcript, and the
193 text box was cleared to prevent further editing of any already-submitted text. This was intended to
194 prevent participants from retroactively editing their previous responses. Participants were given
195 up to 10 minutes to enter their responses. After 4 minutes participants were given the option of

196 ending the response period early, e.g., if they felt they had finished entering all of the information
197 they remembered. Each participant's transcript was constructed from their submitted responses by
198 combining the sentences into a single document and removing extraneous whitespace characters.

199 Following this 4–10 minute free response period, participants were given a series of 10 multiple
200 choice questions about the conceptual content of the story. All participants received the same
201 questions, in the same order.

202 Participants also performed a final delayed memory test, where they carried out the free
203 response recall task a second time, near the end of the testing session. This resulted in a second
204 transcript, for each participant.

205 **Foreign language flashcards (Fig. 1c).** Participants studied a series of 10 English-Gaelic word
206 pairs in a randomized order. We selected the Gaelic language both for its relatively small number of
207 native speakers and for its dissimilarity to other commonly spoken languages amongst Mechanical
208 Turk Workers. We verified (via self report) that all of our participants were fluent in English and
209 that they were neither fluent nor familiar with Gaelic.

210 Each word's "flashcard" comprised a cartoon depicting the given word, the English word or
211 phrase in lowercase text (e.g., "the boy"), and the Gaelic word or phrase in uppercase text (e.g.,
212 "BUACHAILL"). Each flashcard was displayed for 4 s, followed by a 3 s interval (during which
213 the screen was cleared) prior to the next flashcard presentation.

214 After studying all 10 flashcards, participants were given a multiple choice memory test where
215 they were shown a series of novel photographs, each depicting one of the 10 words they had
216 learned. They were asked to select which (of 4 unique options) Gaelic word went with the given
217 picture. The 3 incorrect options were selected at random (with replacement across trials), and the
218 order in which the choices appeared to the participant were also randomized. Each of the 10 words
219 they had learned were tested exactly once.

220 Participants also performed a final delayed memory test, where they were given a second set of
221 10 questions (again, one per word they had studied). For this second set of questions participants
222 were prompted with a new set of novel photographs, and new randomly chosen incorrect choices

223 for each question. Each of the 10 original words they had learned were (again) tested exactly once
224 during this final memory test.

225 **Spatial learning (Fig. 1d).** Participants performed a series of study-test trials where they memo-
226 rized the onscreen spatial locations of two or more shapes. During the study phase of each trial,
227 a set of shapes appeared on the screen for 10 s, followed by 2 s of blank (white) screen. During the
228 test phase of each trial, the same shapes appeared onscreen again, but this time they were vertically
229 aligned and sorted horizontally in a random order. Participants were instructed to drag (using the
230 mouse) each shape to its studied position, and then to click a button to indicate that the placements
231 were complete.

232 In different study-test trials, participants learned the locations of different numbers of shapes
233 (always drawn from the same pool of 7 unique shapes, where each shape appeared at most one
234 time per trial). They first performed three trials where they learned the locations of 2 shapes; next
235 three trials where they learned the locations of 3 shapes; and so on until their last three trials, where
236 (during each trial) they learned the locations of 7 shapes. All told, each participant performed 18
237 study-test trials of this spatial learning task (3 trials for each of 2, 3, 4, 5, 6, and 7 shapes).

238 **Fitness tracking using Fitbit devices**

239 To gain access to our study, participants provided us with access to all data associated with their
240 Fitbit account from the year (365 calendar days) up to and including the day they accepted the HIT.
241 We filtered out all identifiable information (e.g., participant names, GPS coordinates, etc.) prior to
242 importing their data.

243 **Collecting and processing Fitbit data**

244 The fitness tracking data associated with participants' Fitbit accounts varied in scope and duration
245 according to which device the participant owned (Fig. 2), how often the participant wore (and/or
246 synced) their tracking device, and how long they had owned their device. For example, while all
247 participants' devices supported basic activity metrics such as daily step counts, only a subset of

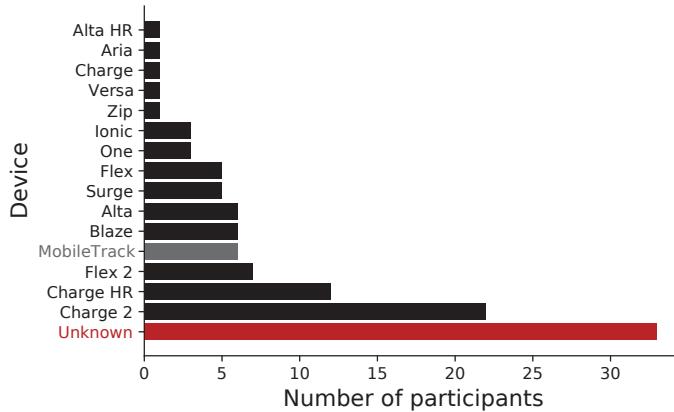


Figure 2: **Fitbit devices.** The bars indicate the numbers of participants whose fitness tracking data came from each model of Fitbit device. “MobileTrack” refers to participants who used smartphone accelerometer information to track their activity via the Fitbit smartphone app. “Unknown” denotes participants whose device information was not available from their available Fitbit data.

248 the devices with heart rate monitoring capabilities provided information about workout intensity,
 249 resting heart rate, and other related measures.

250 Across all devices, we collected the following information: heart rate data, sleep tracking data,
 251 logged bodyweight measurements, logged nutrition measurements, Fitbit account and device
 252 settings, and activity metrics.

253 **Heart rate.** If available, we extracted all heart rate data collected by participants’ Fitbit device(s)
 254 and associated with their Fitbit profile. Depending on the specific device model(s) and settings, this
 255 included second-by-second, minute-by-minute, daily summary, weekly summary, and/or monthly
 256 summary heart rate information. These summaries include information about participants’ aver-
 257 age heart rates, and the amount of time they were estimated to have spent in different “heart rate
 258 zones” (rest, out-of-range, fat burn, cardio, or peak, as defined by their Fitbit profile), as well as an
 259 estimate of the number of estimated calories burned while in each heart rate zone.

260 **Sleep.** If available, we extracted all sleep data collected by participants’ Fitbit device(s). Depend-
 261 ing on the specific device model(s) and settings, this included nightly estimates of the duration
 262 and quality of sleep, as well as the amount of time spent in each sleep stage (awake, REM, light, or

263 deep).

264 **Weight.** If available, we extracted any weight-related information affiliated with participants'
265 Fitbit accounts within 1 year prior to enrolling in our study. Depending on their specific device
266 model(s) and settings, this included their weight, body mass index, and/or body fat percentage.

267 **Nutrition.** If available, we extracted any nutrition-related information affiliated with participants'
268 Fitbit accounts within 1 year prior to enrolling in our study. Depending on their specific account
269 settings and usage behaviors, this included a log of the specific foods they had eaten (and logged)
270 over the past year, and the amount of water consumed each day.

271 **Account and device settings.** We extracted any settings associated with participants' Fitbit ac-
272 counts to determine (a) which device(s) and model(s) are associated with their Fitbit account, (b)
273 time(s) when their device(s) were last synced, and (c) battery level(s).

274 **Activity metrics.** If available, we extracted any activity-related information affiliated with par-
275 ticipants' Fitbit accounts within 1 year prior to enrolling in our study. Depending on their specific
276 device model(s) and settings, this included: daily step counts; daily amount of time spent in each
277 activity level (sedentary, lightly active, fairly active, or very active, as defined by their account
278 settings and preferences); daily number of floors climbed; daily elevation change; and daily total
279 distance traveled.

280 **Comparing recent versus baseline measurements.**

281 We were interested in separating out potential associations between *absolute* fitness metrics and
282 *relative* metrics. To this end, in addition to assessing potential raw (absolute) fitness metrics, we
283 also defined a simple measure of recent changes in those metrics, relative to a baseline:

$$\Delta_{R,B}m = \frac{\frac{1}{R} \sum_{i=1}^R m(i)}{\frac{1}{B} \sum_{i=R+1}^{R+B} m(i)},$$

284 where $m(i)$ is the value of metric m from $i - 1$ days prior to testing (e.g., $m(1)$ represents the value
285 of m on the day the participant accepted the HIT, and $m(10)$ represents the value of m 9 days prior
286 to accepting the HIT. Unless otherwise noted, we set $R = 7$ and $B = 30$. In other words, to estimate
287 recent changes in any metric m , we divided the average value of m taken over the prior week by
288 the average value of m taken over the 30 days before that.

289 **Exploratory correlation analyses**

290 We used a bootstrap procedure to identify reliable correlations between different memory-related,
291 fitness-related, and demographic-related variables. For each of $N = 1000$ iterations, we selected
292 (with replacement) a sample of 113 participants to include. This yielded, for each iteration, a
293 sampled “data matrix” with one row per sampled participant and one column for each measured
294 variable. When participants were sampled multiple times in a given iteration, as was often the case,
295 this matrix contained duplicate rows. We used a round-robin imputation procedure to estimate the
296 values of any missing features (Buck, 1960). Next, we computed the Pearson’s correlation between
297 each pair of columns. This yielded, for each pair of columns, a distribution of N bootstrapped
298 correlation coefficients. If fewer than 95% of the coefficients for a given pair of columns had the
299 same sign, we excluded the pair from further analysis and considered the expected correlation
300 between those columns to be undefined. If $\geq 95\%$ of the coefficients for a given pair of columns
301 had the same sign, we computed the expected correlation coefficient as:

$$\mathbb{E}_{i,j}[r] = \tanh\left(\frac{1}{N} \sum_{n=1}^N \tanh^{-1}(\text{corr}(m(i)_n, m(j)_n))\right),$$

302 where $m(x)_n$ represents column x of the bootstrapped data matrix for iteration n , \tanh is the
303 hyperbolic tangent, and \tanh^{-1} is the inverse hyperbolic tangent.

304 **Regression-based prediction analyses**

305 Following our exploratory correlation analyses, we used an analogous bootstrap procedure to iden-
306 tify subsets of memory-related, fitness-related, and demographic-related variables that predicted

307 (non-overlapping) subsets of other variables. For example, we tested whether a combination of
308 fitness-related variables could predict a combination of memory-related variables, and so on.

309 We used the same bootstrap procedure described above (used in our exploratory correlation
310 analyses) to generate $N = 1000$ bootstrapped data matrices whose rows reflected sampled partici-
311 pants and whose columns reflected different measured variables.

312 We grouped variables according to whether they were memory-related, fitness-related, or
313 demographic-related. For each bootstrap iteration, we divided the rows of that iterations data
314 matrix into training and test sets. The assignments of rows to these two sets was random, subject
315 to the constraint that any duplicated rows in the data matrix (i.e., reflecting a single participant who
316 had been sampled multiple times) was always assigned to either the training *or* the test set—i.e.,
317 duplicated rows could not appear in both the training and the test sets. The training sets always
318 comprised 75% of the data, and the tests sets comprised the remaining 25% of the data.

319 Next, we fit a series of ridge regression models to the training data. Specifically, for each pairing
320 of memory, fitness, and demographic variables, we fit a single ridge regression model treating the
321 first variable group as the input features and the second variable group as the target features. For
322 example, one regression model used memory variables to predict fitness variables, and another
323 regression model used fitness variables to predict demographic variables, and so on. In total we
324 fit six regression models to each training dataset. We then applied the fitted models to the held-
325 out test dataset and computed the root mean squared deviation (RMSD) between the predicted
326 and observed values in the target features of the test dataset. We also examined the regression
327 weights assigned to each input feature. This yielded, for each regression model (across N bootstrap
328 iterations) a distribution of RMSD values and a distribution of weights for each input variable.

329 We constructed a “null” distribution by using the same procedure as above, but where the
330 columns in the test datasets were randomly permuted with each iteration (thereby breaking any
331 meaningful predictive information between the training and test data). We assessed the statistical
332 significance (p -values) of the observed RMSD values by computing the proportions of null RMSD
333 values that were less than the observed value. We also assessed the significance of the observed
334 regression weights using t -tests to compare the means of the observed versus null distributions of

335 weights.

336 **Reverse correlation analyses**

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344 **Data and code availability**

345 All analysis code and data used in the present manuscript may be found [here](#).

346 **Author contributions**

347 Concept: J.R.M. Experiment implementation and data collection: G.M.N. Analyses: G.M.N., E.C.,
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349 **Competing interests**

350 The authors declare no competing interests.

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